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CONFIRMATION NO. 5239

SERIAL NUMBER 10/777,498	FILING OR 371(c) DATE 02/12/2004 RULE	CLASS 434	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. 01113-1-0010
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APPLICANTS

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WMC

** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 05/11/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance		
Verified and Acknowledged	<i>WMC</i>		
Examiner's Signature	Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
FL	34	47	4

ADDRESS

26135

TITLE

Self-contained electronic musculoskeletal stimulation apparatus and method of use

FILING FEE RECEIVED 671	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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